



Semiannual Report 2
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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANE	Asia Near East Bureau
APAC	AIDS Prevention and Control Project (India)
ARO	Asia Regional Office (FHI)
ASEP	AIDS Surveillance and Education Project (Philippines)
BCC	behavior change communication
BSS	behavioral surveillance surveys
BUCEN	Bureau of the Census
CA	cooperating agency
CBO	community-based organization
CETU	Community Epidemiological Training Unit (Indonesia)
CDC	Centers for Disease Control and Prevention
CHP	Cameroon Health Program
CONASIDA	Consejo Nacional para la Prevención y Control del SIDA: “National AIDS Commission” (Mexico)
CSM	condom social marketing
ENSEA	École Nationale de Statistique Appliquée
FHI	Family Health International
FP	family planning
FFS	Fundación Fomento en Salud (Honduras)
HAPP	HIV/AIDS Prevention Project (Indonesia)
HIV	human immunodeficiency virus
HQ	headquarters
IEC	information, education and communication
IMPACT	Implementing AIDS Prevention and Care Project
ITM	Institute of Tropical Medicine
IDU	injecting drug user
JICA	Japan International Cooperation Agency
JSI	John Snow, Inc.
KABP	knowledge, attitudes, beliefs and practices
MAP	Monitoring the AIDS Pandemic Network
MIS	management information system
MOH	Ministry of Health
MSH	Management Sciences for Health
MWM	men who have sex with men
NAC	National AIDS Committee
NACP	National AIDS Control Program
NAS	National AIDS Secretariat
NGO	nongovernmental organization
NIPHP	National Integrated Population and Health Project (Bangladesh)
NPHRL	National Public Health Research Laboratory (Ghana)
PASCA	Proyecto Acción SIDA en Centro America (El Salvador)
PATH	Program for Appropriate Technology in Health
PHE	peer health educator

PI	prevention indicator
PROCETS	Programa de Control de Enfermedades de Transmisión Sexual y SIDA (Dominican Republic)
PSI	Population Services International
PVO	private voluntary organization
PLWHAs	people living with HIV/AIDS
REDSO/WCA	Regional Economic Development Services Office for West and Central Africa (USAID)
RITM	Research Institute of Tropical Medicine (Philippines)
SFPS	Santé Familiale et Prevention du SIDA (West Africa)
STD	sexually transmitted disease
STI	sexually transmitted infection
TAG	technical advisory group
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization
YKP	Yasan Kerti Praja Project (Indonesia)

I. INTRODUCTION/BACKGROUND

Program Description

The Implementing AIDS Prevention and Care (IMPACT) Project is the USAID Global Bureau HIV/AIDS Division (HIVD) procurement for implementing HIV/AIDS interventions through Family Health International. The five-year cooperative agreement was signed on September 27, 1997, in support of the Global Bureau's SO4, "to promote the increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic."

Building on lessons learned from 12 years of experience in the field, IMPACT is designed to develop, refine, support and evaluate programming that will result in reducing sexual risk of HIV, improving STI services, minimizing contextual constraints, linking prevention and care at the community level, strengthening private sector responses to HIV/AIDS and improving information sharing, monitoring and evaluation.

IMPACT offers the expertise of a number of globally recognized organizations in the area of HIV/AIDS prevention and care, including Family Health International, Population Services International (PSI), the Program for Appropriate Technology in Health (PATH), the Institute of Tropical Medicine (ITM) in Antwerp, Belgium, the University of North Carolina at Chapel Hill and Management Sciences for Health (MSH).

Summary of Planned Activities

This second semiannual report discusses start-up activities undertaken to launch IMPACT in a number of new countries and implementation of activities begun during the first reporting period, including staffing the project, finalizing the project's technical strategy for an expanded response to HIV/AIDS prevention and mitigation and care, conducting Mission education/information efforts to promote IMPACT services, and initiating or finalizing many country-level work plans.

During this reporting period, IMPACT continued to conduct intensive long-distance discussions with additional USAID Missions to market the program. Most important, however, IMPACT assessed launched activities and actively began providing support to 25 countries where Missions provided initial funding to the project in its first year: Benin, Ghana, Madagascar, Malawi, Nigeria, Côte d'Ivoire (REDSO/WCA), Rwanda, Senegal, Tanzania, Zambia, Bangladesh, Cambodia, Egypt, India, Indonesia, Philippines, Ukraine, Russian Federation, Brazil, Dominican Republic, El Salvador, Honduras, Jamaica, Mexico and Nicaragua. To date, IMPACT has received funding or been advised of intention to receive field support from 25 USAID Missions as well as two USAID regional bureaus: the Asia Near East (ANE) Bureau and the Regional Economic Development and Support Office for West and Central Africa (REDSO/WCA).

General Assessment of Implementation Status

IMPACT has effectively launched field activities in 14 countries. In several countries, the start-up of activities was facilitated by creating a smooth transition from field activities active under AIDSCAP (e.g., Brazil, Honduras and Rwanda). IMPACT was launched with a full complement of staff starting from day one of the cooperative agreement, which also facilitated a smooth start up of the program.

Although a number of IMPACT approaches and strategies will evolve from FHI's AIDSCAP experience, IMPACT begins with several notable innovations. These include the emphasis on developing improved field-based program and financial management systems and tools, a strong results-orientation to program planning, an even greater emphasis on broad participation in program design, implementation and evaluation, and an expanded response that addresses field innovations, including voluntary counseling and testing, community-based care and an increased emphasis on behavioral surveillance.

IMPACT has received significant expressions of interest from USAID's global community in its first year despite the understandable level of confusion in the field about the multiple procurements that comprise the Global Bureau SO4. As noted above, IMPACT efforts to date have ranged from hiring staff and developing internal systems to designing programs in a number of countries and initiating activities across four geographic regions. The project looks forward to further acceleration of implementation during the next reporting period.

II. PERFORMANCE REVIEW

Strategic Objective 4

To increase the use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS epidemic.

Intermediate Result 4.1

Increased quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.

IR 4.1.1 Develop, improve, promote and support multi-channel information, education and communication strategies and complementary interventions to enhance awareness and knowledge of HIV and to reduce sexual risk behaviors in household, school, workplace, other community, national and transnational settings.

R1.1 Reduce risk behaviors in commercial sex industry and youth in Thane, Pune, Mumbai (India)

Activities in India were put on hold for several weeks as a result of the sanctions imposed by the U.S. government following the surprise of India's nuclear tests. However, during that waiting period, IMPACT planned the initiation of preparatory studies for the

Maharashtra State Initiative and conducted the “Maharashtra Preparatory Studies Planning Workshop” July 27-28. The purpose of the workshop was twofold: (1) to familiarize 30 key national, state and city health leaders with formative research methodologies and (2) to reach consensus on the studies to be conducted. The workshop included discussions of: (1) key questions that require further study, (2) existing studies and research of importance to interventions, (3) formative research and evaluation methodologies and (4) identification of potential technical working group members and organizations with capacities to conduct research. The group agreed on a broad array of studies, which will be designed by technical working groups at a later date.

FHI will hire an in-country representative and an administrative assistant to manage the studies. They will be housed in the Mumbai Municipal Corporation, which will facilitate involvement and ownership of the studies by the city and the state.

R1.2 Provide technical assistance to establish the scope of work for an in-country behavior change specialist and working relationships between that person and the Centers for Disease Control and Prevention (CDC) social scientist (Malawi)

In keeping with the government of Malawi’s and the National AIDS Secretariat (NAS)’s goal to strengthen government and the nongovernment sector capacity to promote behavior change, an IMPACT behavior change specialist will work with the NAS to build the human resource capacity in and reorient the national AIDS program toward designing effective behavior change interventions. The long-term (three-year) specialist will reside in Lilongwe and will be seated at the NAS. Working with a Malawian counterpart as part of a team including the Ministry of Health and Population Health Education Unit and the IEC subcommittee of the National Family Planning Council, the specialist will develop, disseminate and gain acceptance for the use of a comprehensive process for promoting behavior change communication in Malawi. The IMPACT specialist will also provide technical assistance to other organizations that undertake STI/HIV-related activities and will collaborate with the Joint United Nations Programme on HIV/AIDS (UNAIDS) to introduce and implement “best practices” for HIV/AIDS prevention and support activities.

R 1.3 Provide technical assistance for the design of an STD/HIV intervention (Ukraine)

IMPACT provided technical assistance to the Mission in Kiev to develop design options to support the launch of an STI/HIV intervention to reduce the incidence of HIV infection resulting from needle sharing and to increase the awareness of STIs/HIV and prevention methods among the most vulnerable populations. Next year, it is anticipated that IMPACT will begin intervention activities directed at difficult-to-reach individuals, including injecting drug users and their partners and commercial sex workers.

R1.4 Provide technical assistance for the design of an STI/HIV intervention (Nigeria)

An IMPACT team worked with the other USAID collaborating agencies in Nigeria to design a comprehensive strategy for prevention of HIV and other sexually transmitted

infections (STIs). Included in the strategy are behavior change communication (BCC) interventions, improved STI care, capacity building of nongovernmental organizations (NGOs), care and support for those infected with and affected by HIV/AIDS and improved condom availability.

R1.5 Provide technical assistance to develop strategic objectives, operational plans, evaluation plans and timelines for a communication initiative (Honduras)

IMPACT worked with key staff of Fundación Fomento en Salud (FFS) to develop a four-component conceptual framework for an HIV/AIDS/STI communication strategy. The strategy emphasizes an integrated approach to communication that will give special attention to alternative media such as wall murals, community theater, music festivals in addition to mass media, policy dialogue and advocacy, and training support in communication strategy and materials development for NGOs. Youth and adolescents are the primary audiences targeted in Phase I of the strategy. IMPACT also helped develop terms of reference and guidelines for subcontracting an advertising agency to design and implement the mass media campaign. Additional technical assistance for implementation of the communication strategy is planned for September 1998.

R1.6 Provide technical assistance to assess the effectiveness of ongoing peer education activities (Tanzania)

IMPACT assisted USAID/Tanzania in conducting a peer education assessment, which used a participatory methodology and involved partners, stakeholders and beneficiaries of peer education efforts. The assessment, which began in September and is continuing into fiscal year 1999 (FY99), analyzed the NGO capacity to implement peer education activities; the impact of decentralization on peer education efforts; the cost of peer education per person reached; and the feasibility of broadening the content of peer education messages to include reproductive health messages. The findings from this assessment will be considered when the USAID Mission revises its results framework in FY99.

R1.7 Developed a subproject to build the capacity of the police to conduct behavior change interventions (Ghana)

IMPACT designed a pilot peer education intervention for police officers to increase their capacity to implement behavior change interventions. The project calls for the development of IEC materials based on formative research through focus group discussions and a knowledge, attitudes, beliefs and practices (KABP) survey. The design also calls for the inclusion of HIV prevention education at police training centers throughout the country and for a pilot peer education program with new recruits.

R1.8 Provided BCC capacity building materials (West/Central Africa)

The BCC handbook series includes nine volumes. Five of them had been translated and printed in French during the AIDSCAP project, which ended before the last four of the

series could be translated. IMPACT undertook the translation of: *Policy and Advocacy in HIV/AIDS Prevention, Behavior Change Communication for the Prevention and Treatment of STDs, Partnership with the Media and HIV/AIDS Care and Support Projects*. Printing and dissemination of the handbooks will proceed in the coming year.

IR 4.1.3 Develop, improve, promote and support models and strategies to introduce, improve and expand services by public and private health providers to prevent sexual transmission of HIV/STI.

R1.9 Provide technical assistance to improve STI/HIV services (Mexico)

The IMPACT work plan could not be finalized until after the USAID Mission's plan was approved. This occurred on June 17. Specific activities are being discussed that will contribute to the goal of developing and disseminating national STI management guidelines. IMPACT intends to employ a half-time staff member to work with Consejo Nacional para la Prevención y Control del SIDA (CONASIDA) to coordinate IMPACT activities. Resúmenes are currently being reviewed.

R1.10 Provide technical support to improve STI/HIV services (Zambia)

During this period IMPACT continued contributing to the planning, design and facilitation of a best practices workshop. The resulting workshop, "Lessons from the Field: Responses to HIV/AIDS and Orphans and Vulnerable Children," was held May 18-21 and attended by some 150 participants. IMPACT compiled the information from the 27 sessions into a practical handbook. This publication reflects the workshop discussions and focuses on five theme areas: women's and children's rights, orphans and vulnerable children, young people, community care and support, and multisectoral issues. After writing the handbook, IMPACT hired a local consultant to see the work through to publication. Plans for nationwide dissemination of the handbook are under discussion with Project Concern International and USAID.

Because the date of the workshop was moved back to May, the follow-up activities have also been delayed. The dissemination workshops will take place at a time chosen by Project Concern International.

IMPACT was asked to explore the feasibility of conducting behavioral surveillance surveys (BSS) in Zambia. The possibility of conducting BSS was explored through meetings with numerous government and nongovernment organizations, research agencies and international organizations. Several potential designs for BSS have been developed, and the capabilities of several research organizations examined. The next steps include a refinement of the BSS design, which will take into consideration USAID's HIV prevention strategy, and a consensus meeting to facilitate discussion with the Central Board of Health and other key organizations.

USAID/Zambia also requested that IMPACT assess STI services and make recommendations on: improving health worker performance in STI case management and

prevention, improving BCC by creating stronger linkages between community groups and the STI program, maximizing the impact of mass media efforts on condom social marketing, and targeting STI interventions to identified higher-risk groups. The assessment and recommendations were made during a three-week period in June.

Intermediate Result 4.2

Enhanced quality, availability and demand for STI management prevention services

I.R. 4.2.1 Develop, promote and support policies, guidelines and programs which increase availability, quality and demand for STI service in private and public health settings.

R2.1 Validate the syndromic approach; R2.2 Establish a system for periodic STD prevalence and resistance studies; R2.3 Support social hygiene clinics (Philippines)

Three activities under this sub-IR are related to the Philippines: (1) validation of the syndromic approach to STI management, (2) establishment of systems for periodic STI prevalence and resistance studies, and (3) support for social hygiene clinics. During FY98, after an assessment visit was made, the original plan for activities in the Philippines was slightly modified. Because activities did not commence until the resident coordinator was hired in May, they were not completed during this reporting period.

The validation of the syndromic approach will be done in collaboration with WHO. The purpose of the main study design is to compare current practice with syndromic management practice. While gold standard testing will be used as the reference point for both groups, syndromic management will not be compared to gold standard testing. The World Health Organization (WHO) will take the lead in developing the protocol, which will be available in approximately nine to 12 months. The second round of training planned by PATH will be held in the meantime; however, health care providers will be advised that the guidelines they are given will continue to be modified. The syndromic guidelines to be evaluated include those for urethritis and vaginal discharge (with different algorithms developed for sex workers and low-risk women). Genital ulceration will not be studied due to the low numbers of patients with this syndrome in clinics. However, transport media and swabs for PCR multiplex (detects herpes simplex 2, syphilis and chancroid) will be available in selected sites in order to document the etiology of genital ulceration in the Philippines.

The system for periodic STI prevalence and resistance studies has been modified as a result of the large number of planned or ongoing prevalence studies in the Philippines. Through IMPACT, USAID will be supporting the development of a national STI surveillance framework that will be developed according to the needs of the STI and HIV/AIDS control programs. IMPACT will support selected prevalence studies to inform either the development of this framework or the activities in the STI control nexus (see below). Work on the STI surveillance framework began in September 1998. It is

anticipated that developing this framework will take several months, as it will involve a participatory process with the provinces, the national government and donors.

Activities to support a model STI control program using the social hygiene clinics (the STI control nexus) were defined in August 1998. These activities will include a coordinated effort of all donors currently working in Angeles City on the issue of the high syphilis prevalence in high-risk groups. IMPACT, NGOs providing outreach, social hygiene clinic physicians, and local government unit laboratories will combine efforts to provide enhanced screening and treatment for syphilis in high-risk groups. IMPACT will work with local government units, MSH, PATH and the Japanese International Cooperation Agency (JICA) to design a comprehensive syphilis control program and ensure the sustainability of the intervention.

Additional activities: Improve the quality of STI case management at public health clinics (Ghana)

Ghana's National AIDS/Sexually Transmitted Disease (STD) Control Programme (NACP) has requested support from IMPACT in expanding the practical use of the syndromic approach to STI case management. Sensitivity studies are conducted on an ongoing basis in Ghana, and guidelines are already in place. Therefore, FHI will support one workshop to train trainers in the syndromic approach and one regional service provider workshop in each of the ten regions. Approximately six to 12 months after the training, IMPACT will assist the NACP in conducting an evaluation using prevention indicators (PIs) 6 and 7 to assess the quality of STI services. In September 1998, a subagreement for these and other NACP activities was drafted. It will be funded in October 1998.

IR 4.2.2 Support research to identify, test and apply improved techniques and approaches to prevent and manage STI

R2.4 Enhance STI management services for high-risk group (Madagascar)

Because the USAID Mission has requested proposals for the implementation of a large bilateral encompassing HIV/AIDS/STI activities, final delineation of IMPACT activities in Madagascar has been delayed. Moreover, the Mission is interested in having IMPACT collaborate with the USAID HORIZONS Project, which completed a trip to Madagascar in May 1998. The following operations research activities were identified, for possible collaboration: (1) STI syndromic management training, (2) workplace programs for tourist workers, (3) services for young female sex workers, (4) prevention activities for men who have sex with men (MSM), and (5) volunteer motivation techniques for private voluntary organizations (PVOs). HORIZONS and IMPACT met to discuss collaboration in these five areas, and input from the Mission is pending. During this reporting period, the Madagascar treatment guidelines were completed in collaboration with the Policy Project, and an antimicrobial susceptibility protocol was reviewed.

IR 4.2.3 Develop, improve, promote and support public and private sector initiatives (including community-led initiatives) to deliver high quality STI prevention and case management services.

R2.5 Strengthen STI services (West/Central Africa)

After a planning visit by IMPACT in March, IMPACT and REDSO/WCA agreed upon a detailed work plan for STI activities. It was agreed that since so much effort had been put toward integrating STI management into family planning clinics, this effort would not be abandoned, and efforts to continue integrating STI and FP services would occur in these clinics. One technical assistance visit in support of the STI control component of the intervention was completed. During this visit, the following was accomplished: (1) the current status of STI management in FP clinics in Côte d'Ivoire was assessed; (2) the role of IMPACT in addressing some of the current constraints was clarified; (3) the roles of various governmental and nongovernmental organizations involved in development of supervisory guides were defined; (4) a revised refresher training course was initiated, and an expanded training plan was developed in coordination with the Programme National de Lutte contre le SIDA (PNLS); and (5) revision of the STI case management guidelines for FP clinics began.

Intermediate Result 4.3

Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions

I.R. 4.3.1 Enhance the knowledge and awareness among policymakers of the social, economic, cultural and health impacts of HIV/AIDS and of potential strategies to address them

R3.1 Conduct policy/advocacy efforts (Brazil)

Based upon the USAID/Brazil HIV/AIDS Prevention Strategy, FHI/IMPACT revised its work plan for Brazil. This activity will not be conducted.

R3.2 Promote care and treatment (West Africa)

The revised work plan for HIV/AIDS activities in Côte d'Ivoire was finalized and funds for implementation were received. IMPACT has begun to work participatively with the staff of an NGO in Côte d'Ivoire, ESPOIR-CIPS, providing voluntary counseling and testing training to help them identify how to improve their management and delivery of services. Based on discussions with and input from ESPOIR-CIPS staff, more detailed planning for organizational strengthening and development of the NGO as a training center for counselors will take place.

An inventory of nongovernmental organizations involved in community-based care and prevention in Côte d'Ivoire is underway. Preliminary meetings have been held with some of these organizations to assess their areas of expertise and needs and the level of

collaboration (networking) among them. A phased plan to strengthen the capacity of these NGOs and develop a referral network within the Abidjan area will be proposed to the Abidjan-based NGOs.

R3.3 Develop counseling and testing services (El Salvador)

In collaboration with the Ministry of Health (MOH), IMPACT developed and field tested a manual that is being used to train health care workers as trainers in voluntary HIV counseling and testing. Next year IMPACT will assist with the ongoing training throughout the country, development of a plan for monitoring counseling activities and evaluation of the counseling and testing training program after it has been implemented.

R3.4 Develop community-based programs in support of people infected with and affected by HIV/AIDS (Nigeria)

An assessment conducted by IMPACT revealed that HIV/AIDS care in Nigeria presents a formidable challenge because of the lack of appropriate health infrastructure, the heavy burden of disease and the absence of information and training in managing HIV infection. This assessment also identified several NGOs involved in community-based care that IMPACT will support with technical assistance. Pending approval of the work plan, IMPACT will further develop the care and support skills of these NGOs and community-based organizations through training and the creation of referral networks. IMPACT will also build the capacity of health care workers to provide care and support through sensitization workshops and training in counseling, clinical management, universal precautions and referral.

R3.5 Develop counseling and testing services (Dominican Republic)

In collaboration with USAID's AIDSMARK Project, IMPACT will assess the current availability and cost of HIV testing in the Dominican Republic, along with the quality of existing HIV/AIDS counseling services.

Intermediate Result 4.4

Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services

IR 4.4.3. Expand and strengthen the capacity of key indigenous NGOs, religious organizations and social sector institutions to deliver HIV/AIDS information and services

R4.1 Support program management and build capacity (Honduras)

Activities during this reporting period included providing technical assistance to Fundación Fomento en Salud (FFS) for the development of a national BCC strategy. PATH worked with key FFS staff to develop a four-component conceptual framework for

an HIV/AIDS/STI communication strategy. The strategy emphasizes an integrated approach to communication, giving special attention to alternative media such as wall murals, community theater and music festivals in addition to mass media, political dialogue, and communication training support and materials development for NGOs that are part of the FFS network (see IR4.1 above). IMPACT traveled to Honduras to plan technical assistance for FY99 in collaboration with FFS staff and USAID. Based on these discussions, IMPACT will provide technical assistance to FFS in the following areas: STI case management, BSS, evaluation, management capacity building and policy dialogue. Through its partner PATH, IMPACT will continue to provide technical assistance in BCC.

R4.2 Support for implementation of effective interventions and management capacity building (Brazil)

A series of coordination and planning meetings were held in the four target states of Brazil to plan activities to identify and disseminate effective interventions. The consolidated work plan was presented to central, state and municipal-level staff to build consensus and raise awareness about activities being developed. One of IMPACT's partners in Brazil, Associação Saúde da Família (ASF), developed a scope of work for the technical advisory group (TAG) responsible for identifying effective interventions and gaps in HIV/AIDS programming in Brazil. The TAG will consist of experts in HIV/AIDS/STI prevention throughout the country. The TAG's scope of work was distributed to the MOH and USAID for feedback, and in August a meeting was held with the NACP to further discuss the TAG scope of work and potential participants.

IMPACT and ASF also began to build consensus around BSS activities in Brazil and met with key stakeholders to discuss BSS methodology, target population and states. ASF began discussing BSS with local research institutions that may conduct the surveys.

IMPACT is working with its partner MSH on management capacity building activities in Brazil. Once the work plan for activities in Brazil had been presented in all four target states, MSH began planning implementation of a management needs assessment. IMPACT and MSH held discussions with the NACP in Brasilia to determine how MSH's MOST management needs assessment tool can be adapted for use in the public sector. The assessment will be the first step toward finalizing a management development plan in collaboration with stakeholders.

R4.3 Provide technical assistance to assess the organizational structure of NGO clusters (Tanzania)

IMPACT assisted USAID/Tanzania in conducting a management structure assessment of NGO clusters in Tanzania. This assessment, which began in September and is continuing into FY99, analyzed the strengths and weaknesses of the organizational structure to respond to the mandate of the Tanzania AIDS Project, examined the opportunities and constraints associated with decentralizing the clusters from the regional to district level, and identified training needs of the NGO cluster leadership. The assessment will result in

a report that summarizes the team's findings and presents recommendations for organizing or reorganizing the NGO cluster approach so it is more responsive to community needs. USAID/Tanzania staff will consider the assessment findings when they revise their results framework in FY99.

R4.4 Involve community groups and/or indigenous NGOs in behavior change activities (Rwanda)

The IMPACT program in Rwanda is focused on strengthening the NACP. However, a limited amount of funding has been budgeted to support small-scale projects with community groups and indigenous NGOs. During this reporting period, the country office worked with the Archdiocese of Kigali to develop a behavior change activity targeting young men and women. The country office held meetings with several other local groups, and proposals are expected to be funded in FY99.

Intermediate Result 4.5

Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trend and program impacts.

I.R. 4.5.1 Establish and/or strengthen surveillance and evaluation systems

R5.1 Conduct male risk behavior survey (Philippines)

Behavioral surveys in the Philippines to date have targeted high-risk groups and women. To determine the vulnerability of the Philippine population to a broad-scale epidemic, it is essential that a widespread survey of males aged 15-39 be conducted to estimate the percentage that engages in risk practices. Activities planned for this reporting period included identifying and selecting a research organization to carry out the risk behavior survey. At this time, due to the delay in hiring a resident coordinator and the need to refine planned activities based on the activities of other donors, IMPACT is awaiting proposals from potential implementing agencies. Based on discussions with USAID, IMPACT is also expanding this survey to look at STI treatment-seeking behavior.

R5.2 Support integrated surveillance systems (Global)

During this reporting period IMPACT focused on developing recommendations for improved behavioral data collection designs that also reflect the stage of the HIV epidemic in a country. A workshop jointly organized by IMPACT and UNAIDS with participants from MEASURE, MACRO/DHS, HORIZONS and USAID was held in Arlington April 30-May 1, 1998. The purpose of the meeting was to discuss the role of behavioral surveys for donors and national programs; general-population surveys and target-group-specific surveys; "Second Generation Surveillance;" and the linking of behavioral and biological data. A first draft consensus report based on the workshop findings was produced and is undergoing further revision, with joint IMPACT/UNAIDS publication planned for FY99. Compiled by the evaluation team, this document draws on the experience of several organizations and countries in collecting behavioral data and

will be part of the consensus guidelines on “Second Generation Surveillance” systems developed for national programs.

R5.3 Expand repertoire of indicators (Global)

Activities during this period included participation in the indicator development working group, facilitation of collaborative efforts among organizations involved in indicator development, and validity testing of indicators. IMPACT staff continued collaborating with MEASURE on the indicator handbook and participated in a working group meeting on measurement of HIV/AIDS/STI-related indicators through facility-based surveys. An IMPACT consultant finalized the set of indicators and instruments (as well as interviewer guidelines) for three target groups (female sex workers, youth and adults in the general population) that will form the basis of the module on questionnaires for BSS in selected population groups. A consultant and IMPACT staff began work on a meta-analysis to examine the utility and sensitivity of several AIDSCAP indicators across geographic regions. Specific plans to test the validity of indicators, such as STI surrogate markers for behavioral trends, have been postponed.

R5.4 Support behavioral and biological surveillance (West Africa)

IMPACT staff and consultants made two trips to Côte d’Ivoire to begin the first round of behavioral surveys. Consensus was built among several partners, including USAID, SFPS, the PNLS and PSI regarding geographic locations and target groups. A research firm, École Nationale de Statistique et d’Economie Appliquée, was hired and a research protocol and subagreement were developed. Preparatory field work began, including the development of sampling frames for the selected target groups (sex workers, migrant workers, truck drivers and youth). Data collection is scheduled to begin in late September 1998.

I.R. 4.5.2 Develop validate and disseminate improved tools and models to determine HIV/AIDS/STI levels, trends, intervention costs and program impact.

R5.5 Validation and application of AVERT Model (Global)

IMPACT began disseminating the software and user manual for the AVERT model and prepared to test further practical applications of the program. A validity testing exercise using detailed data from a large cohort study had produced encouraging results during the previous reporting period. Additional testing exercises using other data sets (e.g., HIVNET cohorts) are in preparation. A peer-reviewed paper on AVERT has been accepted for publication and will appear in the AIDSCAP *AIDS* journal supplement, “Advancing HIV/STD prevention in developing countries” [*AIDS* 1998, 12 (Suppl. 2): S27-S35].

I.R. 4.5.3 *Develop mechanisms to support timely dissemination and use of monitoring, surveillance and impact research by field programs and policy dialogue activities.*

R5.6 Develop program dissemination of effective interventions (Brazil)

Activities in this area will begin in the coming year.

III. COUNTRY SUMMARIES

Asia/Near East

Bangladesh

During the period, IMPACT supported two technical assistance visits to Bangladesh. An IMPACT consultant who was in Dhaka September 1-18 focused on helping to develop an HIV prevention standard for NGO clinics in the National Integrated Population and Health Project (NIPHP, a USAID bilateral program). The consultant also helped modify the standard for STI/RTI syndromic management based on recommendations from USAID. A staff member from the FHI Asia Regional Office (ARO) consulted with NIPHP implementing partners to reassess needs for technical assistance in FY99. It was determined that assistance will be needed in the areas of (1) targeting high-risk populations in cross-border locations and (2) developing and implementing of a training curriculum to develop a national BCC strategy for HIV/AIDS.

In addition to these activities in Bangladesh, a working group is developing a curriculum for technical training of NGO clinic staff in HIV prevention standards.

Cambodia

In February 1998, a six-person team with representatives from FHI's ARO, the European Union, PATH, PSI, USAID/Cambodia and USAID/Washington visited Cambodia to assist in the formulation of an action plan for STI/HIV/AIDS activities in Cambodia based on previous team visits and key documents.

Task orders were signed with the IMPACT partners, PSI and PATH. PSI/Cambodia has since conducted a survey on commercial sex worker establishments in Phnom Penh, Kompong Cham, and the linking areas of Kandal in Cambodia. PSI/Cambodia also has conducted a second survey on the availability of condoms and STI drugs in the same provinces. PATH/Thailand conducted a survey on the availability, appropriateness and quality of existing IEC materials in Cambodia that focus on HIV/AIDS/STI activities. Results of all these activities will be presented to key stakeholders in the country, including government agencies, USAID, UNAIDS and other United Nations agencies, the World Bank, and local and international NGO staff.

In June a country director was recruited to manage the IMPACT/Cambodia office. The office was subsequently set up, three office staff were hired and a detailed implementation plan was written. This plan now awaits approval from USAID. In July, August and September, planning discussions were held with potential implementing agencies and with the NACP Multisectoral Unit. Activities are scheduled to begin in October 1998, once all the planning and formative research in Cambodia has been finalized.

Egypt

USAID's Asia Near East and Global Bureaus, USAID/Egypt and IMPACT jointly developed an Egypt work plan with an IMPACT scope of work that includes activities in three areas: blood bank safety, universal precautions and increased availability of behavioral data. For blood bank safety, IMPACT will conduct a collaborative programmatic and technical situation analysis. IMPACT also plans to conduct a study of the existing practices and the needs for adaptation of universal precautions, which are not widely practiced in Egypt. Finally, studies will be carried out to increase the availability of sociobehavioral and HIV surveillance data to monitor and evaluate HIV/AIDS trends and to design targeted prevention interventions. All these activities were put on hold when security threats in Egypt forced the U.S. government to place a ban on all non-essential travel until FY99. As a result of this travel ban, none of the planned IMPACT activities were initiated.

India

During this reporting period IMPACT supported two major needs in India: continuing assistance to the ongoing bilateral prevention program in Tamil Nadu (APAC) and launching of the new bilateral HIV prevention program in Maharashtra. In Tamil Nadu, a BCC consultant reviewed the draft peer education module prepared by the AIDS Prevention and Control (APAC) Project as well as other peer education modules prepared by other agencies. The BCC consultant assisted APAC in finalizing the peer education module, developed an implementation plan for training programs in peer education, and elaborated a process for identifying appropriate institutions to conduct the training programs. Another technical consultant conducted a training workshop for local APAC consultants in developing and implementing needs assessments and working with local NGOs.

In Maharashtra, IMPACT funded and organized a workshop on preparatory studies for a group of Indian HIV/AIDS specialists in Mumbai in July. This was followed by a refined plan of action for setting up a temporary FHI office to manage the preparatory studies, convene technical working groups, and identify and fund appropriate implementing agencies. A consultant was contracted to be on site in Mumbai by September in order to equip the FHI office, recruit two office staff, help establish procedures, and develop a detailed work plan, and begin convening technical working group meetings. This process should result in the timely awarding of five preparatory studies to be conducted and completed during FY99.

Indonesia

The two IMPACT projects in Indonesia were developed in response to USAID/Indonesia's long-term association with HIV/AIDS activities in both Surabaya and Bali. They are being managed by the HIV/AIDS Prevention Project (HAPP) country director.

The first IMPACT project is the YKP (Yayasan Kerti Praja) Project which was previously funded by USAID to support research activities focusing on condom use by commercial sex workers. The proposed project, a follow-on to recent work performed with truck drivers, builds on a needs assessment conducted with taxi drivers. Development work to date includes further discussion with the YKP Project to further develop the proposal and provide BCC technical input. The project is due to start in November 1998. Priority also has been given to coordination with USAID, which provides substantial support to the YKP Project and other NGOs in Bali, minimizing the potential for duplication of effort.

The second IMPACT project will be carried out by the Community Epidemiological and Training Unit (CETU) of the Faculty of Medicine at the Udayana University in Denpasar, Indonesia. Following a long-term interest in school education programs, CETU intends to help local high schools establish effective peer education programs for senior students. Development to date has focused on building local ownership within the Department of Education and the Bali Provincial AIDS Commission and ensuring adherence to recently formalized Department of Education policy. The next step will be to hold a meeting at the local level to finalize this stage of the process while the proposal is being revised. The HAPP BCC Advisor will provide technical input in October.

Philippines

The IMPACT office in the Philippines was set up in June and is addressing gaps in the implementation of the AIDS Surveillance and Education Project (ASEP) in close coordination with PATH and the Philippines Department of Health.

To ensure standardized national STI case management guidelines, IMPACT is coordinating with the WHO/Western Pacific regional office. WHO contracted a local research group, Research Institute of Tropical Medicine (RITM), to develop the protocol for evaluating syndromic STI case management in the Philippines, and IMPACT provided the initial technical inputs to RITM in conceptualizing the design of the study. IMPACT will continue to provide technical inputs at each step in the development of the standardized protocol for the Philippines to ensure that it meets the concerns of the ASEP, which is implemented by PATH. The validation study will compare current STI management of vaginal discharge and urethral discharge with syndromic case management for both high-risk and low-risk women. IMPACT will hire an STI expert to provide support to the local research group commissioned by WHO to ensure a technically sound protocol and timely completion of the study.

Several donors are also implementing and planning ad hoc prevalence surveys in various populations as well as antimicrobial resistance studies. IMPACT initiated a meeting to coordinate the efforts of donors and prevent duplication of surveillance efforts. An STI expert is also being hired to support development of the STI surveillance framework and strategy after initial consultations with key government officials, NGOs, donors and other stakeholders involved in the prevention and control of STIs in the country.

Angeles City, one of the ASEP sites with high rates of syphilis, has been identified as a pilot area for the STI control model. A pilot program of enhanced screening and treatment for syphilis is being planned with technical assistance from IMPACT. An IMPACT staff member conducted an initial assessment of the site in coordination with the social hygiene clinics and NGOs. An initial participatory planning exercise will involve the social hygiene clinics, NGOs, the city health office and local government unit.

Vietnam

The first phase of the IMPACT program in Vietnam focused primarily on planning and research and was largely funded by ANE bridging funds. Planning activities included a team visit led by USAID and comprised of members from John Snow, Inc. (JSI), FHI, the National AIDS Committee (NAC) and DKT. The team completed its report, “Demand and Supply of Condom Availability: 1998-2002” in August 1998. This comprehensive report makes recommendations for improving the condom supply logistics systems, condom policies and mechanisms for increasing condom supplies—all activities that will be supported under IMPACT. Research on high-risk behaviors in two focal provinces was initiated with policy and program recommendations for risk-reduction interventions to follow in Phase 2 under IMPACT.

Other activities in Vietnam included technical assistance on the sentinel surveillance system and HIV/AIDS estimates from an IMPACT consultant who was in Vietnam April 7-12 and August 19-23, 1998, to work with the NAC, the MOH, and the National Institute of Hygiene and Epidemiology. The consultant also attended the “Consensus Workshop on HIV/AIDS/STI Estimates” organized by the WHO regional office. This work provides a basis for supporting the establishment of BSS in Vietnam, which is planned for 1999.

IMPACT/Vietnam is also planning a one-week trip to Thailand in November 1998 for national and provincial AIDS committee staff. The focus of the trip will be to examine HIV/AIDS prevention programs and policies at the community and provincial levels. Population and Development International will conduct an assessment of the feasibility of private sector involvement in HIV control in Vietnam in October-November 1998, identifying appropriate strategies for participation by and mechanisms for conducting interventions within the private sector.

IMPACT/Vietnam was also involved in planning a study tour of key Vietnamese multisectoral leaders to the United States to visit FHI, USAID, CDC, the U.S. Department of Health and Human Services, JSI, DKT, the Population Council, PACT, the University of North Carolina at Chapel Hill, the National AIDS Hotline, and various community-based programs involved in HIV/AIDS prevention and care. In addition, a workshop on results-based strategic planning will help the participants develop comprehensive plans for Phase 2 under IMPACT.

Ukraine

In the Ukraine, IMPACT is assisting the Mission with the design and implementation of a behavior change intervention program focusing on sexually transmitted infections for at-risk, difficult-to-access populations that will result in reduced transmission of specified communicable diseases to uninfected populations. IMPACT sent a team to the Ukraine in September 1998 to conduct initial design activities, including establishment of the program design criteria; recommend alternative organizational approaches; identify program performance/results indicators; and identify potential program linkages that could leverage greater program impact.

Latin America/Caribbean*Brazil*

A team from FHI/IMPACT traveled to Brazil in May to participate in a semiannual planning exercises with cooperating agencies (CAs) and implementing partners. CAs discussed indicators and targets and reviewed activities outlined in the consolidated work plan. During this visit the consolidated work plan was presented to NACP staff, including the head of the NACP, based in Brasilia. During July and August the CAs, partners and USAID participated in meetings where they presented the work plan to state and municipal governments in each of the target states.

One of IMPACT's partners in Brazil, Associação Saúde da Família (ASF), developed a scope of work for the technical advisory group (TAG) responsible for identifying effective interventions and gaps in HIV/AIDS programming in Brazil and distributed it to the MOH and USAID for feedback. The TAG will consist of experts in HIV/AIDS/STI prevention throughout the country. IMPACT and ASF also began to build consensus around BSS activities in Brazil and met with key stakeholders to discuss BSS methodology, target populations and states. ASF also began discussing BSS with potential local research institutions that may conduct BSS, and IMPACT and MSH held discussions with the NACP in Brasilia to determine how the MOST management needs assessment developed by MSH can be adapted for use in the public sector.

Dominican Republic

In July IMPACT visited the Dominican Republic with AIDSMark to develop a coordinated work plan for USAID/DR field support to PROCETS, the national AIDS control program, and to prepare a scope of work for direct USAID funding to PROCETS through a Limited Scope Grant Agreement. The four-year plan (1998-2001) focuses on strengthening the national program and building the technical capacity of PROCETS. Areas of support will include restructuring and repositioning PROCETS as a normative body, developing a national strategic plan, strengthening STI management, improving information systems and revising national policies and guidelines in the context of a decentralized health system.

El Salvador

In June IMPACT worked with USAID, MOH, MSPAS and USAID's Proyecto Acción SIDA en Centro America (PASCA) Project to identify areas of support needed for the national public sector program under the new five-year (1998-2002) USAID SALSA (Salvadoreños Saludables) Project. In September IMPACT jointly facilitated a national workshop with PASCA and assisted in preparing an operational plan for public sector and NGO activities. As a result of this workshop, MSPAS has requested technical assistance from IMPACT to strengthen the national BCC campaign and improve the quality of STI services and HIV/AIDS care protocols.

In addition, IMPACT supported the drafting of a voluntary counseling and testing (VCT) training guide that was validated in August 1998. Following its validation, the guide was used by an IMPACT consultant to train 50 VCT trainers from all regions of the country. In November these proficient personnel will design and conduct training courses in their own health facilities.

Honduras

IMPACT provided support to FFS in developing its behavior change communication strategy through PATH. Technical assistance and training involved developing a national BCC strategy and a request for proposals for a subcontracting agency responsible for implementing the mass media aspect of the BCC campaign. The communication strategy emphasizes an integrated approach that will give special attention to alternative media (wall murals, community theater, music festivals), in addition to mass media, policy dialogue, and communication training support and materials development for NGOs. An IMPACT staff member traveled to Honduras to plan technical assistance for FY99 in collaboration with FFS staff and USAID. Areas IMPACT will be working in with FFS during FY99 include STI case management, BSS, evaluation, management capacity building, and policy development and advocacy. Continuing technical assistance will also be provided in BCC.

Mexico

IMPACT coordinated with USAID/Washington, the regional bureau, USAID/Mexico and IMPACT partners in a series of meetings to develop and refine a results package and indicators that accurately reflect the proposed interventions in Mexico. IMPACT also began coordinating with MEASURE to develop a facility assessment that reflects STI and HIV issues specific to the Mexican context. In addition, IMPACT provided technical support to an STI prevalence study being conducted in Chiapas by the Instituto Nacional de Salud Pública (National Institute of Public Health). Finally, IMPACT began recruiting a part-time coordinator to work with CONASIDA to assist in STI guidelines development, validation and subsequent training.

Africa

Ghana

USAID/Ghana committed \$475,000 in field support funds to the IMPACT Project beginning July 1998. USAID/Ghana has requested IMPACT's assistance to strengthen the Ghana National AIDS/STD Control Program, build a national quality assurance program within the public health laboratory system, and design and implement a comprehensive HIV/AIDS prevention intervention with the Ghana Police Service.

Through a series of technical assistance visits, IMPACT developed a country work plan and budget that are based on the Mission's scope of work and indicators for tracking the progress and achievement of results. IMPACT also conducted working sessions with personnel from each implementing agency to develop action plans that define project activities, indicators, a work plan and a budget. These action plans will be funded through subproject agreements under IMPACT beginning in October 1998. Major activities planned for the next six months include the following: organization of a symposium designed to move stakeholders toward better coordination of the national response to HIV/AIDS; training of trainers in the syndromic approach to STI case management; capacity building within the Ghana Police Service to design and conduct formative research to gain an understanding of risk behaviors among the police and performance of an HIV prevalence study; and development of a proficiency-testing program at the laboratories. With technical assistance from IMPACT/FHI, the NPHRL will conduct a one-week workshop for 50 laboratory specialists focusing on the development of manuals describing, step-by-step, how to perform standard operating laboratory procedures. The manuals will describe in detail all routine and special procedures performed at the central, regional and district laboratories. In addition, laminated sheets will be developed, produced and disseminated for the 15 most common laboratory procedures. The manuals and laminated sheets also will be made available to the laboratories at the Police and Military Hospitals and other laboratories requesting them. The NPHRL will manage the editing, production and dissemination of the 1,200 manuals and 15,000 laminated sheets. IMPACT/FHI will assist with writing and reviewing the manuals and facilitating the workshop.

Each subproject will emphasize capacity building, particularly in the areas of monitoring, supervision and evaluation. An important component of each project is to transfer skills that strengthen internal processes and systems within the government health facilities.

FHI/IMPACT also initiated the process of hiring of a resident coordinator who will provide ongoing program management assistance to the Ghana program. A coordinator will be hired in October 1998.

Malawi

In keeping with the Government of Malawi's and the National AIDS Secretariat (NAS)'s goal to strengthen the government's and nongovernment sector's capacity to change

behavior, an IMPACT behavior change specialist will work with the NAS to build the human resource capacity and reorient the national AIDS program toward focusing on behavior change. The long-term (three-year) specialist will reside in Lilongwe and will be seated at the NAS. Working with a Malawian counterpart, as part of a team including the Ministry of Health, the Population/Health Education Unit and the IEC Subcommittee of the National Family Planning Council, the specialist will develop, disseminate and gain acceptance for the use of a comprehensive process for promoting behavior change communication in Malawi. The IMPACT BCC specialist will also provide technical assistance to other organizations that undertake STI/HIV-related activities and will collaborate with UNAIDS to introduce and implement “best practices” for HIV/AIDS prevention and support activities.

Madagascar

Final delineation of IMPACT activities in Madagascar have been delayed pending the award of a large bilateral project that encompasses HIV/AIDS/STI activities. Moreover, the Mission is interested in IMPACT collaborating with HORIZONS, which completed a trip to Madagascar in May 1998. The following operations research activities were identified: (1) STI syndrome management training, (2) workplace programs for tourism workers, (3) services for young female sex workers, (4) prevention activities directed at MSM, and (5) volunteer motivation techniques for PVOs. HORIZONS and IMPACT have met to discuss collaboration in these five areas and will receive input from the Mission. During this reporting period IMPACT completed the Madagascar STI treatment guidelines in collaboration with the Policy Project and reviewed an antimicrobial susceptibility protocol.

Nigeria

In May 1998 a team composed of FHI headquarters (HQ) technical and program staff, FHI/Nigeria, and FHI's Africa Regional Office staff and an international consultant spent two weeks in the country to design a four-year strategic and implementation plan for Nigeria. The team designed a comprehensive program including the following components: behavior change interventions for reduction of risk behavior, improved availability of high-quality STI services, capacity building for NGOs, condom availability, and community-based programs for the care and support of people infected with and affected by HIV/AIDS.

Following the completion of the IMPACT planning visit, a number of activities are underway to prepare for the launch of the IMPACT Project in Nigeria. A list of NGOs to be assessed in September 1998 has been compiled for each of the three cluster sites where USAID funds programs. Once the assessment has been completed, NGOs that meet the established criteria will take part in participatory project design workshops planned for October. Preparatory discussions and meetings are being held with donor agencies and USAID implementing partners on ways of collaborating during project implementation. Detailed scopes of work were prepared for the new FHI/Nigeria staff positions of program officer for the southwest cluster and STI/care and support officer, and candidates are being screened for the positions.

REDSO/WCA

The USAID Regional Economic Development Office for West and Central Africa obligated \$500,000 in field support for IMPACT on July 21, 1998. This two-year project is designed to achieve three results: (1) strengthened capacity in prevention and management of STIs in clients visiting family planning clinics; (2) strengthened technical and managerial capacity of local nongovernmental organizations involved in care and support for people living with HIV/AIDS (PLWHA); and (3) development of the capacity of local organizations to perform behavioral surveillance surveys. IMPACT's primary role is to build the capacity of regional partners to prevent transmission of HIV and to mitigate the effect of HIV/AIDS in West Africa.

In May 1998 IMPACT/REDSO/WCA started Phase I of the implementation of activities. This included locating office space in Abidjan, Côte d'Ivoire, hiring a local coordinator and a bilingual secretary, and finalizing the project's scope of work, work plan and budget. In addition, IMPACT conducted a needs assessment in Côte d'Ivoire in the fields of care and support for PLWHAs, STI management and behavioral data collection.

Implementation of planned activities began in July with the second phase of the project. An agreement was signed with ENSEA (École Nationale de Statistique Appliquée) to conduct behavioral and biomedical surveillance among commercial sex workers, youth, migrants and truckers. The surveillance will be conducted in collaboration with the National AIDS Control Program and the USAID-funded Santé Familiale et Prévention du SIDA (SFPS) Project. Work sessions to assess areas of expertise and opportunities for developing partnerships were held with local nongovernmental and community-based organizations involved in care and support for PLWHAs. The Cameroon Health Program (CHP), a regional NGO, is responsible for managing several aspects of the IMPACT/REDSO/WCA project.

Over the next six months IMPACT plans to conduct one round of behavioral surveillance in Côte d'Ivoire. IMPACT will analyze trends and disseminate a report on findings. IMPACT will also begin STI capacity building activities in government family planning clinics. Capacity strengthening activities will be scaled up utilizing the skills of CBOs and NGOs to provide voluntary counseling and testing services and care and support for PLWHAs.

Rwanda

Four subagreements with the Kigali, Gitarama, Kibungo and Byumba health regions were developed, signed and implemented starting in May 1998. IMPACT established regional committees for the coordination of HIV/AIDS/STI activities in three of the targeted health regions, and an initial quarterly meeting was held in each of these health regions.

IMPACT/Rwanda revised the national STI algorithms following the recommendations of participants in an earlier training workshop conducted under AIDSCAP. These new algorithms are currently being used. IMPACT/Rwanda adapted the seven WHO workbooks in STI case management and used them in the trainings. IMPACT/Rwanda trained a total of 105 trainers from four regions in STI syndromic case management. Starting in June 1998 each health region began conducting training of health care providers.

IMPACT/Rwanda assessed the quality of HIV/AIDS/STI educational sessions held at clinics in the four targeted regions. The findings furnished baseline data for evaluation purposes as well as data for program planning for the IEC/BCC trainings planned in the four regions. IMPACT/Rwanda, in collaboration with IMPACT's partner MSH, also assessed the management capacity of the four health regions and their capacity in IEC/BCC program delivery and STI case management. During a one-day workshop, the findings of both studies were presented to and discussed by the regional health teams, NGOs, the National AIDS Control Program (NACP) and other partners. The findings will be used to identify specific needs for building administrative capacity in the health regions.

With the NACP, preparation has begun for the development of a national AIDS strategy, which will include an IEC/BCC strategy. Findings from the two aforementioned assessments, as well as in-depth interviews with the IEC officers in the four target regions, will be used to inform and elaborate the national HIV/AIDS strategy. The NACP plans a workshop to develop the national strategy for late September. In addition, IMPACT/Rwanda reviewed two reports for the NACP, *An Analysis of the Situation in Communication for Behavior Change/IEC in HIV/AIDS* (in Rwanda) and a *Working Document for a National Strategy in BCC/IEC*.

IMPACT/Rwanda is preparing to train trainers in HIV/AIDS/STI behavior change communication in the four health regions. Several examples of IEC/BCC curricula have been collected and are being reviewed for adaptation for both the training of trainers manual and the training manual for the IEC/BCC facilitators. The findings from the assessment of IEC/BCC training sessions indicate that their low quality was due partially to a lack of usable reference materials and guidelines for preparing IEC/BCC sessions at the clinic level. Locally available materials will be revised and disseminated for use in the training sessions.

Progress in small demonstration project grants includes the near completion of a proposal with the Archdiocese of Kigali for a project targeting young skilled and unskilled men and women who are working. Meetings have been held with several other local NGOs, which are completing the preliminary proposals for requesting demonstration project funding.

In preparation for the study on STI health-seeking behavior, documentation was collected at the University of Rwanda in Butare. IMPACT/Rwanda made contacts with potential

consultants among professors in sociology, anthropology and public health at the university.

Senegal

IMPACT received \$100,000 in field support from USAID/Senegal in July. Ongoing discussions with the Mission to set priorities and to design the IMPACT/Senegal project began in July.

As an initial activity, USAID/Senegal requested that IMPACT sponsor one NACP representative to participate in a monitoring and evaluation conference held in Chapel Hill, North Carolina, August 3-7, 1998. The conference, convened by MEASURE, was entitled "Towards Better Monitoring and Evaluation of HIV Prevention, AIDS Care, and STI Control Programs: A Review of Country Experiences." Participants exchanged experiences and discussed ways of improving HIV/AIDS monitoring and evaluation in their own countries.

In the coming year IMPACT will fund participation of one person to the MEASURE monitoring and evaluation workshop in November 1998 in Nairobi and support other activities to be determined in collaboration with the Senegal Mission.

Tanzania

IMPACT received \$200,000 in field support from USAID/Tanzania on July 21. The Mission asked IMPACT to conduct two assessments of activities that FHI is currently implementing in Tanzania under a bilateral agreement with USAID. The assessments were planned to: (1) review the management of NGO clusters and (2) examine peer education activities being conducted within the cluster subproject. The bombings at United States embassies in East Africa in August 1998 and the subsequent restrictions on travel to the area delayed the assessment trips until September, and they will continue into October 1999. IMPACT partner MSH is leading the management assessment in collaboration with FHI/Tanzania and in-country experts. Another partner, PATH, is conducting the peer education assessment in collaboration with FHI/Tanzania and regional and local consultants. Both assessments are being conducted using participatory methodologies and involving multiple stakeholders.

In the next six months IMPACT will finalize the assessment reports, which USAID/Tanzania has indicated will be referenced in revising its results framework for HIV/AIDS. IMPACT will continue discussions with the Mission on future activities.

Zambia

USAID/Zambia has committed \$500,000 in FY97 field support funds to IMPACT for technical assistance in the areas of lessons learned/best practices, STI management and evaluation. Some specific activities have already been implemented, as described below,

and IMPACT is working with the Mission to further define activities to be implemented in the coming fiscal year.

During this reporting period, IMPACT continued to contribute to the planning, design and organization of a best practices workshop. The resulting workshop, "Lessons from the Field: Responses to HIV/AIDS and Orphans and Vulnerable Children" was held May 18-21 and was attended by 150 participants. IMPACT was responsible for compiling the information from the 27 sessions into a practical handbook. This publication reflects the workshop discussions and focuses on five theme areas: women and children's rights; orphans and vulnerable children; young people; community care and support; and multisectoral issues. After writing the handbook, IMPACT hired a local consultant to see the work through to publication. Plans for nationwide dissemination of the handbook are under discussion with Project Concern International and USAID.

IMPACT also met with numerous government and nongovernmental organizations, research agencies and international organizations to explore the feasibility of conducting behavioral surveillance surveys among selected target groups in Zambia. Several designs for BSS were developed, and the capabilities of local research organizations were examined. The next steps will include refining a BSS design, which will take into consideration USAID's HIV prevention strategy, and possibly conducting a meeting to build consensus around data collection needs within the Central Board of Health and among other key stakeholders. IMPACT is also collaborating with the MEASURE Project to identify low-cost monitoring and evaluation tools appropriate for use by community groups that may be introduced in Zambia.

In June IMPACT, with assistance from ITM, conducted a three-week assessment of STI services. The assessment resulted in a series of recommendations on improving health worker performance in STI case management and prevention, creating stronger linkages among community groups and STI service providers, optimizing the impact of the mass media channeled efforts on condom social marketing, and targeting STI interventions to high-risk groups.

IIIa. INFORMATION DISSEMINATION AND PROGRAM MANAGEMENT

Information Dissemination

D1) Participate in Geneva Conference

IMPACT facilitated the participation of 33 individuals from nine countries in four regions of the world at the 12th World AIDS Conference, held in Geneva, Switzerland, June 28-July 3 1998. Working with IMPACT regional and country offices, implementing agencies and government partners as well as USAID Mission staff, IMPACT submitted 10 abstracts for consideration by the conference organizers. Six of these abstracts were presented orally or as posters by IMPACT staff or affiliates. IMPACT staff also judged, at the request of the conference chair, 52 abstracts on informational or media topics submitted to the conference organizers from programs and institutions around the world.

Staff of IMPACT chaired or gave oral presentations in ten sessions at the conference on a wide variety of topics, ranging from “Sociocultural and Behavioral Determinants of HIV Transmission” to “Challenges in Implementing STD Prevention and Care,” to “Nursing Research on HIV/AIDS Care” to “Monitoring the AIDS Pandemic (MAP) Network: Volunteerism and Collegiality for Worldwide Information Dissemination.”

IMPACT organized a special two-hour skills-building satellite workshop (with all costs borne by the Geneva conference organizers) on “Designing and Implementing a Community-based Sexually Transmitted Infection Behavior Change Communication Strategy” with participants representing primarily sub-Saharan African and South and Southeast Asian countries. Among the topics discussed were the human rights implications of care for the HIV-infected, as well as specific communication processes communities and clinics can use related to STI awareness, diagnosis and treatment.

The IMPACT Project was also represented at the conference by an IMPACT booth in the NGO exhibition area, where thousands of publications (mainly produced by the AIDS Prevention and Control (AIDSCAP) Project) were disseminated. FHI provided international shipping funds after the conference so that IMPACT could respond positively to several hundred requests from conference participants for publications after the substantial on-site supplies ran out.

IMPACT assisted with the organization of and participated in three fora before the conference itself. The first was a special one-day Monitoring the AIDS Pandemic (MAP) Network Symposium on Eastern Europe, coordinated mainly by UNAIDS with assistance from the University of Heidelberg. The symposium participants included a small number of specially-invited MAP members (three were IMPACT staff), a few WHO staff and UNAIDS-facilitated participants from 12 Newly Independent States. This forum focused on the “Status and Trends of the HIV/AIDS Epidemics in Eastern Europe” and was the first opportunity many of the participants from the NIS had been given to meet and interact with each other as well as to discuss the issues surrounding the mushrooming HIV and STI epidemics in their region. UNAIDS is producing a final report from this symposium, co-chaired by MAP chair and IMPACT Project Director Peter Lamprey.

The second forum before the Geneva conference was the MAP Network Global Symposium, held at the same site as the prior MAP symposium, the headquarters of Fondation Marcel Merieux in Veyrier-du-Lac, France. This two-day MAP symposium was attended by some 60 members of MAP from around the world, as well as several MAP Eastern Europe symposium participants from the NIS. Also chaired by Peter Lamprey, this second MAP symposium focused on the status and trends of HIV/AIDS around the world, as well as several related issues, including the global status of care for the HIV-infected and affected, population mobility and migration and HIV risk, and neglected behaviors relative to HIV risk.

The MAP provisional report, *The Status and Trends of the HIV/AIDS Epidemics in the World*, was written by a small team of MAP members (including two IMPACT staff) and

other invitees at the UNAIDS office in Geneva the day after the MAP Global Symposium ended. It was disseminated the next day, the opening day of the 12th World AIDS conference, at various conference venues and made available to the media. (This report is available electronically on FHI's website at <http://www.fhi.org> in the HIV/AIDS Special Reports section.)

The third important forum prior to the Geneva conference in which IMPACT staff participated prominently was the International Symposium on HIV Prevention, which took place in Geneva over the two days before the 12th World AIDS Conference. This symposium, attended by some 350 people from around the world, was jointly organized by FHI, USAID, the National Institutes of Health, CDC, Health Canada, the Swiss AIDS Foundation and several other prominent groups. Several IMPACT staff (and former AIDSCAP/FHI staff from various countries) made presentations and chaired sessions. IMPACT presentation topics and chaired sessions ranged from "Ensuring Blood Safety for Developing Nations" to "Is HIV Voluntary Counseling and Testing an Effective HIV Strategy for Developing Nations?" IMPACT Project Director Peter Lamptey's speech, "Sustaining HIV Prevention Efforts: Overcoming Challenges in Resource-Poor Settings," served as the closing plenary of the symposium. Peter Lamptey also participated in a press conference after his plenary, which was attended by some 50 journalists from various regions, and he provided an interview to Swiss Radio.

Plans are already being made for a similar HIV prevention forum, which will involve IMPACT, prior to the next world AIDS conference in Durban, South Africa, in July 2000.

D2) Publish an IMPACT Magazine

One of the first steps in the planning and producing of the first issue of the IMPACT Project's new magazine was naming it. As part of a participatory process, the project held a contest, inviting all IMPACT offices around the world to submit potential names for the new magazine. The winning submission was *IMPACT on HIV*, combining the project name with the main topic the magazine will cover.

The first issue of *IMPACT on HIV*, with a theme of "Linking Care and Prevention," includes stories highlighting HIV care initiatives in India and Nigeria and the results of the first large-scale randomized trial of voluntary counseling and testing in developing countries. Because of significant biomedical breakthroughs in HIV treatment (HAART), this issue includes some pertinent information on the state of care in the United States to emphasize to non-industrialized country audiences that access to HIV care is problematic in many industrialized countries as well. In fact, access to adequate HIV care is problematic everywhere, despite the growth in antiretroviral therapy availability in some middle-income countries in Latin America within the last two years. The status of antiretroviral therapy in Latin America is the focus of another article in *IMPACT on HIV*.

As the first year of the IMPACT Project came to a close, the first issue of *IMPACT on HIV* was "on press" (at the printing plant). In October and November 1998 it will be sent

to IMPACT offices, partners, USAID Missions and Bureaus, and some 3,500 other institutions and individuals around the world, with special emphasis on those in non-industrialized countries. *IMPACT on HIV* will be disseminated at the United States Conference on AIDS (USCA) later in October 1998 to highlight to audiences in the U.S. the important work that USAID is leading in the field of international HIV/AIDS prevention and care. The magazine also will be disseminated at the regional AIDS conferences in FY99 and in response to specific requests received at IMPACT daily.

D3) Disseminate Special Mailings

No international packets mailings were disseminated by IMPACT in FY98 because production of the special AIDSCAP supplement of the journal *AIDS*, planned as the first mailing, was well behind the production schedule initially planned by the London-based publisher. IMPACT plans to combine two packets into one mailing, which will be disseminated to the 1,000 targeted institutions and individuals in October 1998, when the *AIDS* supplement will be available. The first mailing will include the AIDSCAP *AIDS* journal supplement entitled “Advancing HIV/STD Prevention in Developing Countries,” as well as the first issue of the *IMPACT on HIV* magazine.

Program Management

PM1) Participate on SO4 and establish IMPACT advisory bodies

On April 15 and 16, 1998, IMPACT participated in meetings of the SO4 Inter-Agency Working Group. The meeting provided an important opportunity for all of the cooperating agencies to continue the process of team building, to seek opportunities for collaboration and to share information concerning global and country-level activities.

In addition, IMPACT organized and convened the second meeting of its internal project Management Council on March 6. This council is comprised of representatives of each of the IMPACT partner organizations and serves as a venue for discussing project development and implementation issues and for the participation of IMPACT’s partners in ensuring project success. The Management Council plans to meet twice during the next fiscal year with the potential for “virtual” meetings of the members as needed between official meetings.

IMPACT will also be served by a technical advisory group (TAG). During this reporting period, members of the TAG were identified and invited to join the group. Ten members have agreed to serve on the TAG, including experts from UNAIDS, WHO, CDC, PAHO, World Bank, CAPS, and Macfarlane Burnet Centre for Medical Research in Australia. Planning and preparations for the first TAG meeting, scheduled for January 1999, were commenced during this period.

PM2) Hire staff and establish management systems, procedures and guidelines

During the last six months, FHI modified its staffing configuration in response to needs from the field and as new country programs were started. The following positions were

filled: country director, Cambodia; IEC/BCC coordinator, Rwanda; resident advisor, Philippines; senior contracts manager (IMPACT HQ); and technical officer, evaluation, surveillance, and epidemiological research (IMPACT HQ). In addition, a resident coordinator for the IMPACT/Ghana project and a communications officer in the FHI Asia Regional Office were recruited.

FHI continued to review and update policies and procedures to improve the general efficiency of operations. A team of experienced staff revised the existing policies and drafted program implementation procedures for the IMPACT Project. In April, procedures were finalized for the following key activities: hiring consultants; amending letters of agreement, subagreements and task orders; and writing letters of agreement, letters of intent, partner agreements, subagreements and task orders. Program implementation procedures for the certification of subawards of greater than \$50,000 and for international travel were also finalized, and standardized document shells for all contractual mechanisms were released. FHI will continue to review, update and develop new policies and procedures on an ongoing basis and as needed.

PM3) Develop the IMPACT expanded response strategy

The IMPACT strategy for an expanded response to HIV/AIDS has been finalized and is ready to be distributed. The strategy proposes key interventions designed to: (1) reduce risk and vulnerability to HIV, (2) strengthen HIV/AIDS care and support, (3) support public and private sectors and communities for a sustainable response, and (4) improve the availability and use of data for decision making. It incorporates new issues such as preventing mother-to-child transmission and preventing HIV among injecting drug users. The strategies are designed to intervene simultaneously and at multiple levels, influencing individual and societal norms, improving the health infrastructure and alleviating structural and environmental impediments. They also reflect the core values of participation, community empowerment and mobilization, gender sensitivity, respect for human rights, collaboration, capacity building, and sharing and applying effective practices.

PM 4) Develop capacity building tools

IMPACT published and globally disseminated to targeted technically proficient professionals as well as appropriate USAID Mission staff the software and user's manual for its modeling program, *AVERT: A Tool for Estimating Intervention Effects on the Reduction of HIV Transmission*. This tool has been under development for three years by a team of international consultants and AIDSCAP and IMPACT evaluation staff. It has been lauded by UNAIDS and is highlighted in the AIDSCAP *AIDS* journal supplement, published in late September 1998.

The release of the AIDSCAP *AIDS* journal supplement, consisting of 14 articles by IMPACT staff and former AIDSCAP staff and partners around the world marks the culmination of significant writing and editing work during the last quarter of AIDSCAP and throughout IMPACT's first year. IMPACT staff and partners also co-authored ten of

the 25 articles in the *Sexually Transmitted Infections* journal supplement, “Syndromic Approach to STD Management,” published in London in June 1998. This special supplement, co-edited by IMPACT’s Director of Technical Support, Dr. Gina Dallabetta, was disseminated at the 12th World AIDS Conference in Geneva, Switzerland, in June. Subsequently some 600 copies were disseminated to participants in technical workshops and other specific technical users around the world.

Lessons From Zambia: Responses to HIV/AIDS, Orphans and Vulnerable Children, a handbook of more than 100 pages for which IMPACT provided technical assistance and production funding, was jointly published in Lusaka by USAID and the Swedish International Development Agency. In addition to the topics mentioned in its title, this handbook covers women’s issues and therapeutic treatment for HIV opportunistic infections, such as DOTS for tuberculosis.

Review of the draft of IMPACT’s evaluation tool, *Survey Measurement and Sampling*, continued. This publication will be jointly published with UNAIDS and disseminated globally by both organizations in the coming fiscal year.

PM5) Conduct team building training and orientation

As stated in the previous report, all of the activities planned in developing team-based management for IMPACT headquarters and, where appropriate, field offices, have been conducted. Activities undertaken included hiring a management consultant firm, interviewing staff for input, conducting a workshop, and revising and adapting the team management approach as required. IMPACT headquarters staff continue to adopt the team approach to management, and country teams have been established for backstopping specific countries.

PM6) Undertake skills building

IMPACT staff are being trained in a number of techniques and strategies to improve program design, implementation, monitoring and evaluation. Following the IMPACT staff orientation, a needs assessment was conducted in conjunction with IMPACT field offices to identify training needs and knowledge gaps. Two areas identified of particular need for strengthening were understanding results packages and participatory program management. A team was formed to respond to these needs.

IMPACT developed a training session on best practices in participatory HIV/AIDS programs and on results packages to bring staff up-to-date with the latest developments at USAID. The training session in participatory program design, held at IMPACT headquarters in August, covered models of participatory program design and lessons learned from several case studies. The training team is currently developing a results package training. During this reporting period, IMPACT drafted a course overview and proposed session designs to be included in a results package training manual. IMPACT plans to scale up the results package training program to include field offices and implementing agencies worldwide.

PM7) Seek opportunities for collaboration with partners

IMPACT participated in numerous meetings with partners to identify key areas where partners could collaborate to increase the efficiency of HIV/AIDS prevention and mitigation and to develop collaborative work plans. In addition to formal work plan and SO4 Interagency Working Group meetings, IMPACT participated in the following collaborative action planning meetings with partners for both country-specific and global activities:

- ◆ IMPACT collaborated with HORIZONS on a diagnostic study and a presentation on counseling and testing and care and support in Nairobi in March 1998.
- ◆ IMPACT staff presented information on the UNAIDS/FHI voluntary counseling and testing study at HORIZONS in September 1998.
- ◆ IMPACT jointly organized a workshop with UNAIDS, held April 30-May 1, 1998, to discuss the role of behavioral surveys, general population surveys and target-group-specific surveys, and “Second Generation Surveillance,” as well as the linking of behavioral and biological data. Participants included representatives from MEASURE, MACRO/DHS, HORIZONS and USAID.
- ◆ IMPACT and UNAIDS developed a draft document following the workshop that draws on the experience of several organizations and countries in collecting behavioral data and will be part of the consensus guidelines on “Second Generation Surveillance” systems developed for national programs.
- ◆ IMPACT staff continued collaboration with MEASURE on the indicator handbook and participated in a working group meeting on measurement of HIV/AIDS/STI-related indicators through facility-based surveys.
- ◆ IMPACT continued to collaborate with its co-founders of the Monitoring the AIDS Pandemic (MAP) Network, UNAIDS and the François-Xavier Bagnoud Center for Health and Human Rights on MAP activities, including the organization of two symposia in France prior to the 12th World AIDS Conference. IMPACT edited, produced, published and disseminated three MAP Network final reports on the status and trends of HIV/AIDS/STI epidemics in Asia and the Pacific, Latin America and the Caribbean, and sub-Saharan Africa (the latter two in Spanish and French, respectively, in addition to English).

Activities planned for the next period on a global level include participation with MEASURE, BUCEN, UNAIDS and others in the indicator development working group and validity testing of indicators. Country-level collaboration with partners, HORIZONS, UNAIDS, AIDSMARK, the International HIV/AIDS Alliance and MEASURE is planned in more than eight countries, and in several cases collaborative efforts are already underway. For example, in Vietnam IMPACT and HORIZONS will collaborate on behavioral assessments in two regions; in Cambodia, IMPACT and the International HIV/AIDS Alliance will collaborate to strengthen NGOs so they can improve their services and better conduct outreach activities with sex workers; MEASURE and IMPACT are collaborating to adapt research tools in Mexico; and in the Dominican Republic, IMPACT and AIDSMARK will combine their resources and experience to

develop a national voluntary counseling and testing program using a social marketing approach.

IV. PROBLEMS/CONSTRAINTS

IMPACT faced the following constraints in the second half of the first year of the project:

1. Smaller initial funding levels and the short-term nature of field support funds in some countries. As stated in the first IMPACT semiannual report, USAID mission funding levels for HIV/AIDS prevention and care activities generally have been smaller than anticipated following the sizable AIDSCAP Project. In addition, some missions are in the midst of reprogramming and thus have made commitments to IMPACT for one year only, making planning and implementing behavior change interventions, which require longer periods of time, extremely difficult. In Africa, for example, only REDSO and two Missions (Rwanda and Nigeria) have developed multiyear programming. Smaller funding levels combined with shorter time frames diminish the ability of IMPACT to implement behavior change programs that can demonstrate significant results. In addition, these conditions prevent FHI from hiring full-time staff at the country level, compounding the international management and coordination responsibilities of the IMPACT HQ program and technical staff serving the needs of 25 countries in four regions.
2. Confusion about procurements. This constraint, also mentioned in the first semiannual IMPACT report, continues to have an effect on the ability of USAID Mission staff to plan as effectively as they wish with limited amounts of funding available. Some Mission staff seem unaware of SO4 areas of program expertise
3. Lack of comprehensive and participatory planning. IMPACT has not always been included in the initial country assessment visits made by USAID and staff from other organizations, even though IMPACT is expected to manage the implementation of the multiyear HIV/AIDS prevention and care strategic plans resulting from these visits. This approach prevents an efficient planning cycle as well as the most strategic use of limited resources. In various cases, a follow-up visit must be made to gather more in-depth information on the country situation and the implementation capability of the various agencies and NGOs IMPACT has been tasked to manage.
4. Political developments in Nigeria, India and Tanzania. In Nigeria, decertification postponed an IMPACT team's strategic and implementation planning visit until May 1998. In India, US concerns over India's nuclear testing temporarily stalled the implementation of new activities in that country. In Tanzania, the tragic bombing of the U.S. embassy delayed the peer education and management assessments until late September 1998. Fortunately, the delay in each of these country programs was temporary.